

Stephen F. English, OSB No. 730843
SEnglish@perkinscoie.com
Sarah J. Crooks, OSB No. 971512
SCrooks@perkinscoie.com
C. Rian Peck, OSB No. 144012
CPeck@perkinscoie.com
PERKINS COIE LLP
1120 N.W. Couch Street, 10th Floor
Portland, OR 97209-4128
Telephone: 503.727.2000
Facsimile: 503.727.2222

Ben Stafford (*pro hac vice*)
BStafford@perkinscoie.com
PERKINS COIE LLP
1201 Third Avenue, Suite 4900
Seattle, WA 98101
Telephone: 206.359.8000
Facsimile: 206.359.9000

*Attorneys for Defendants
Legacy Health and Legacy Emanuel Hospital &
Health Center*

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
PORTLAND DIVISION

JULIANNE HUNTER, individually and on
behalf of all others similarly situated,

Plaintiff,

v.

LEGACY HEALTH, LEGACY
EMANUEL MEDICAL CENTER,
LEGACY EMANUEL HOSPITAL &
HEALTH CENTER, LEGACY HEALTH
PARTNERS, LLC, RANDALL
CHILDREN'S HOSPITAL AT LEGACY
EMANUEL,

Defendants.

No. 3:18-CV-02219-AC

CLASS AND COLLECTIVE ACTION

**DECLARATION OF EVE LOGSDON IN
SUPPORT OF DEFENDANTS' MOTION
FOR PROTECTIVE ORDER**

1- DECL. OF EVE LOGSDON IN SUPPORT OF
DEFENDANTS' MOTION FOR PROTECTIVE ORDER

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Perkins Coie LLP
1120 N.W. Couch Street, 10th Floor
Portland, OR 97209-4128
Phone: 503.727.2000
Fax: 503.727.2222

I, Eve Logsdon, declare as follows:

1. I am the Vice President of Human Resources at Legacy Health (“Legacy”). I have personal knowledge of the facts and statements included in this declaration.

2. Legacy is a nonprofit health system that includes six hospitals, spanning the Willamette Valley from Vancouver, Washington to Silverton, Oregon. It also includes 27 primary care clinics, around 90 specialty clinics, and 19 urgent care clinics, also in Oregon and Washington.

3. Two of Legacy’s hospitals—Legacy Emanuel Medical Center (“Emanuel”) and Legacy Good Samaritan Medical Center—are regional hospitals, meaning they serve patients from large geographic areas, including Southwest Washington, all of Oregon, and Western Idaho. Legacy’s other hospitals—Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, and Legacy Silverton Medical Center—are community hospitals, meaning they serve patients from smaller, more local geographic areas. Generally speaking, Legacy’s primary care, specialty care, and urgent care clinics serve patients on an outpatient, appointment-only basis (with the exception of the urgent care clinics, which accept both walk-ins and appointments).

4. Emanuel, in particular, is a unique hospital unlike any other in the Legacy health system. To begin with, Legacy Emanuel is one of two Level I trauma centers in Oregon and the only Level I trauma center in the Legacy health system. Level I trauma centers are comprehensive regional facilities that have high patient volumes and are capable of providing total care for every aspect of injury, from prevention, to treatment, to rehabilitation. For instance, people in catastrophic accidents are air lifted there, gunshot wounds are directed there, and people with infectious diseases are treated there. Additionally, Emanuel includes Randall Children’s Hospital (“Randall”), one of two children’s hospitals in Oregon and the only children’s hospital in the Legacy health system. Randall, like Emanuel, is a comprehensive

regional facility that specializes in children's care, from children's emergency services and neonatal and pediatric intensive care, to pediatric surgery, cancer treatment, inpatient and outpatient care, and physical rehabilitation. Emanuel, together with Randall, is the largest hospital in the Legacy health system, with 136 different patient care units (or "cost centers").

5. Emanuel (including Randall) currently has approximately 1,625 registered nurses (RNs), certified nursing assistants, certified hospital technicians, medical assistants, and emergency department technicians (collectively, "nursing staff"), which is the highest concentration of nursing staff in the Legacy health system. At all of Legacy's hospitals and clinics systemwide, there are approximately 4,990 members of nursing staff.

6. Every cost center has its own manager. There are approximately 140 managers at Emanuel and approximately 500 at all Legacy hospitals.

7. From December 26, 2012, to June 13, 2015, Legacy used the L-Time timekeeping system, which included an exception-based reporting system for meal breaks. When L-Time was in place, hourly, non-exempt employees clocked in and out at the beginning and end of their shifts, respectively, but they were not required to clock in and out for meal or rest breaks. The L-Time system was designed to recognize and give effect to hourly, non-exempt employees' right to take a 30-minute unpaid, uninterrupted meal break when working a shift of six hours or longer. If, for any reason, an employee did not take his full 30-minute meal break on a given day, Legacy's systemwide policy required that employee to report the missed meal by entering a code (the "exception") in L-Time so that the employee could be paid fully and appropriately.

8. Beginning on June 14, 2015, Legacy switched to using the MyTime timekeeping system. With the MyTime system, hourly, non-exempt employees must clock in and out for meal breaks using a code designated for meal periods. Just as when the L-Time system was in place, hourly, non-exempt employees who do not take full 30-minute uninterrupted meal breaks are paid fully and appropriately.

9. Legacy's systemwide policy regarding meal breaks provides that hourly, non-exempt employees who work shifts of six or more hours in Oregon, or more than five hours in Washington, must be provided the opportunity to take a 30-minute, unpaid, uninterrupted meal break. If the employee works 12 or more hours in Washington, or 13 or more hours in Oregon, the employee must be provided the opportunity to take a second, unpaid, uninterrupted 30-minute meal break.¹

10. Legacy's systemwide policy regarding rest breaks provides that hourly, non-exempt employees must be afforded the opportunity to take a 15-minute paid, uninterrupted break for every segment of four hours (or major part of four hours) worked. Employees are not required to clock in and out for rest breaks.

11. Because of the differences in patient population, level of care, and staffing in each unit, how meal and rest breaks are managed and made available to nursing staff is a responsibility that is delegated to the unit's manager (who may then delegate a portion of that responsibility to the charge nurse). For instance, some units have patients that have high acuity levels, which require one-on-one nursing assistance from nurses who have specific credentials. In those units, managers may arrange, for example, to have a "breaker nurse," who does not have a patient load for that shift, but instead is available to provide rest and meal breaks to the nurses who do have patient loads. Other units may use the "buddy system," where nurses hand off each other's patient loads during their breaks. In still other units, patient appointments are scheduled in advance, and the manager can ensure that no patient appointments are scheduled during the lunch hour so that nurses are afforded the opportunity to take meal breaks. Each unit has its own needs, and the manager of each unit is best suited to decide how meal and rest breaks will be provided for in his or her unit. In other words, given the specific needs of each unit, the day-to-

¹ Legacy maintains written systemwide policies regarding wage and hour issues and is prepared to produce those policies once the parties agree to, and the Court enters, a stipulated protective order.

day management of meal and rest breaks is decentralized and left to the discretion of individual unit managers.

12. Legacy's systemwide policy provides that hourly, non-exempt employees are not permitted to perform work while off-the-clock.

13. All unit managers who supervise nursing staff are trained regarding Legacy's systemwide meal and rest break policies and regarding Legacy's prohibition on hourly, non-exempt employees performing work while off-the-clock. Managers who fail to abide by these policies are subject to disciplinary action, including demotion or termination.

14. Named plaintiff Julianne Hunter's start date at Randall Children's Hospital was March 23, 2009. She was hired as a Critical Care RN in the Pediatric Intensive Care Unit (PICU) for the night shift. In addition to serving as a PICU Critical Care RN, Hunter was also certified as an extracorporeal membrane oxygenation (ECMO) specialist. In that role, she sometimes worked in the Neonatal Intensive Care Unit (NICU) at Randall and the Neurotrauma Intensive Care Unit (NT-ICU) at Emanuel. Hunter resigned in lieu of termination on April 20, 2016. At that time, her primary role was still as a Critical Care RN in the PICU, and she secondarily served as an ECMO Specialist in the PICU, NICU, and NT-ICU, at Randall and Emanuel, respectively.

15. Opt-in plaintiff Wallace Hendrickson's start date at Emanuel during the purported class and collective action time period was February 14, 2011. He was an Acute Care RN in the Trauma Recovery and Acute Care Unit. He is no longer a Legacy employee.

16. Opt-in plaintiff Melissa Camp was first hired as a Resident RN in Emanuel's Versant RN Residency Program in 2014. In 2015, she was promoted to RN Staff Nurse, a role she held until she resigned at the end of 2016. Camp began working at Emanuel again as an RN Staff Nurse on July 19, 2017. At all times of her employment at Emanuel, Camp has worked in the Operating Room (OR) - General Surgery Unit.

17. Opt-in plaintiff David Rohr worked at Emanuel from May 23, 1988 until May 29, 2018. During the purported class and collective action time period, Rohr served as a Critical Care RN, both as a staff and charge nurse, and as an ECMO Specialist. He worked in the West Wing Intensive Care Unit (WWICU) and the NT-ICU during those periods.

18. Opt-in plaintiff Susan Myers was an RN Staff Nurse in the Emanuel Emergency Department from April 2005 until her employment was terminated in June 2018.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

DATED: July 23, 2019

/s/ Eve Logsdon
Eve Logsdon